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AMENDMEN TRANSMITTAL LETTER Application No. Filing Date Examiner						Docket No. 61179-00010USPX		
, ,	Application No. Filing Date 10/814819-Conf. #5281 March 31, 2004				Examiner W. R. Wolfe		Art Unit 3747	
Applicant(s): Giovanni L. Torrisi et al.								
Invention: MULTICHANNEL ELECTRONIC IGNITION DEVICE WITH HIGH-VOLTAGE CONTROLLER								
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
		CLA	AIMS AS AMEN	DED				
	Claims Remaining After Amendment	Highest Number Previousl Paid	Number	Rate				
Total Claims	26	- 29	=	×				
Independent Claims	7	- 4	= 3	x 200.	00		600.00	
Multiple Depend	ent Claims (ch	eck if applic	cable)					
Other fee (please	Other fee (please specify):							
TOTAL ADDITI	ONAL FEE FO	OR THIS A	MENDMENT:				600.00	
No additional fee is required for this amendment. Small Entity								
			,	1/2/	7			
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage at First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313 1450, on the date shown below.								
Dated: OZ-15-05 Signature/ (Margo Barbarash)								
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8 2000 USTOMER NO,. 23932 PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known 10/814819-Conf. #5281 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number March 31, 2004 FEE TRANSMITTAL Filing Date Giovanni L. Torrisi First Named Inventor For FY 2005 W. R. Wolfe **Examiner Name** 3747 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 61179-00010USPX TOTAL AMOUNT OF PAYMENT (\$) 600.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card None Money Order Other (please identify): Jenkens & Gilchrist, a Professional Corporation Deposit Account Number: 10-0447 Deposit Account Name: Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) <u> Fee (\$)</u> Fee (\$) Fee (\$) 200 Utility 300 500 250 100 150 Design 200 100 100 50 130 65 200 100 300 150 Plant 160 80 Reissue 300 150 500 250 600 300 200 100 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Multiple Dependent Claims Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 3 × 200.00 600.00 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge) SUBMITTED BY Registration No. 35,701 Telephone (214) 855-4795 (Attorney/Agent) Name (Print/Type) Andre M. Šzuwalski Date July 14, 2005 I hereby certify that this correspondence is being deposited with the U.S. Postal dervice with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents 80x 1450, Alexandria, VA 223 shown below. (Margo Barbarash) Signature:

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FEE SUMMARY SHEET

Transmittal -- Amendment

Date:

July 14, 2005

Time:

3:31 PM

Docket:

61179-00010USPX

March 31, 2004

Filing Date: Application No: Total Fee:

10/814819

\$ 600.00

Code	Amount	37 CFR	Fee Description	Listed on
1201	600.00	1.16(h)	Independent claims in excess of three	Fee Transmittal (PTO SB-17)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Torrisi, et al.

Serial No.: 10/814,819

Filed: March 31, 2004

Group No.: 3747

Examiner: W. Wolfe, Jr.

For: MULTICHANNEL ELECTRONIC IGNITION DEVICE WITH HIGH-VOLTAGE

CONTROLLER

MS AMENDMENT Commissioner for Patents P. O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being sent by first class mail in an envelope addressed to MS AMENDMENT, Commissioner of Patents, P. O.

Signatura Marge Barbarash

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action dated April 18, 2005, please consider the following claims and Remarks:

07/19/2005 AADOFO1 00000007 10814819

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